

COMMITTEE ON HEALTH

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* Strike-everything Amendment
 [E] Emergency Clause
 [P 108] Proposition 108 Clause

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HB 2090 – Chapter 19 – hospitals; licensure

Modifies the hospital licensure term for initial licensure to a fixed three-year period beginning on the effective date of the hospital's current Joint Commission on Accreditation of Healthcare Organizations' accreditation period. Changes the re-licensure term to three years from the expiration date of the current license. Specifies that re-licensure due to change of ownership will also be for a term of three years.

HB 2091 – Chapter 124 – defibrillators; good Samaritans

Adds a nonprofit entity that acts as an intermediary between the purchaser and the property owner where the defibrillator is located and a person or entity that provides an automated external defibrillator, to the list of entities not subject to civil liability. States that this provision shall not affect a manufacturer's product liability regarding the design, manufacturing or instructions for use and maintenance of an automated external defibrillator.

HB 2106 – Chapter 20 [E] – certificates of foreign birth

Allows the Department of Health Services to issue a State of Arizona certificate of foreign birth for an adopted person as long as the person was born in a foreign country, is not a United States citizen, has gone through a completed adoption process in a foreign country before coming to the United States and has an IR-3 stamped passport. Contains an emergency clause.

HB 2107 – Chapter 62 – adult foster care; licensing

Removes adult foster care providers from the list of exemptions from Department of Health Services licensing and regulation.

HB 2110 – Chapter 92 – epinephrine; administration by good Samaritans

Allows an untrained individual to give epinephrine to someone suffering from a severe allergic reaction if there is not a trained professional available if the individual acts in good faith and does not receive compensation for administering the epinephrine. The person who administers the epinephrine will not be subject to civil liability for any personal injury that results from the administration of the epinephrine unless the person acts with gross negligence, willful misconduct or intentional wrongdoing.

HB 2177 – Chapter 378 – health insurance premium tax credit

Establishes a tax credit against the premium tax liability incurred by a health care insurer for insuring individuals and small businesses currently without health insurance coverage. The overall tax credit is capped at \$5 million per year.

- Eligible small businesses, defined as two to 25 employees, in existence for at least one calendar year that have not provided health insurance to their employees for at least six months, can apply to the Department of Revenue for a non-transferable certificate. The employee receiving the credit must be a citizen of the United States or a legal resident alien and not currently enrolled in AHCCCS, Healthcare Group, Medicare or any other state or federal government health insurance program.
- Limits the credit to the lesser of 50 percent of the health insurance premium or \$1,000 for coverage on each single employee or \$3,000 for each employee who elects family coverage. Businesses are limited to three years' participation in this program.

HB 2214 – Chapter 108 – *practice; dental hygienists

Allows dental hygienists to screen patients before an examination by a dentist and apply topical fluoride without entering into a practice relationship, provided they are employed or working under contract or as a volunteer for a public health agency or a public or private school.

HB 2217 – Chapter 109 – accountable health plans; filing rates

Requires each accountable health plan to annually file with the Department of Insurance (DOI) the accountable health plan's base premium rates and index rates. Upon request, DOI shall make the base premium rates or the index rates available to the public for inspection.

HB 2282 – Chapter 65 – homeopathic board; continuation

Continues the Board of Homeopathic Medical Examiners until July 1, 2008.

HB 2283 – Chapter 66 – medical radiologic technology board; continuation

Continues the Medical Radiologic Technology Board of Examiners until July 1, 2016.

HB 2284 – Chapter 22 – nursing care board; investigations continuation

Authorizes the Nursing Care Board to continue investigations of individuals even after they resign from practice and stipulates that the Nursing Care Institution Administrators and Assisted Living Facility Managers Board be terminated on July 1, 2011.

HB 2285 – Chapter 67 – Arizona health facilities authority; continuation

Continues the Arizona Health Facilities Authority until July 1, 2016.

HB 2286 – Chapter 329 – umbilical cord blood; donation; information

Beginning January 1, 2007, requires physicians to inform patients of the opportunity for umbilical cord donation unless doing so would conflict with the physicians' religious beliefs. The Department of Health Services (DHS) must create a pamphlet regarding cord blood donations that will be provided free of charge. DHS may accept gifts, grants and donations to produce the pamphlet, which outlines the process of umbilical cord donation, the risks associated with donation and current and potential uses of umbilical cord blood.

HB 2382 – Chapter 136 – prescription medication; reuse

Requires the Board of Pharmacy to establish a prescription medication donation program to accept and dispense prescription medications. Donations may be made at a participating physician's office, pharmacy or health care institution that meets criteria established by administrative rule. Medications shall be accepted only in their original, sealed and tamper-evident unit dose packaging. Prescription medication that is packaged in single unit doses may be accepted and dispensed even if the outside packaging is opened, if the single unit dose packaging is undisturbed. The repository may not accept donations of prescription medications that expire within six months of the donation or that are deemed adulterated.

HB 2448 – Chapter 191 – *AHCCCS; eligibility for services

Beginning July 1, 2006, AHCCCS applicants are required to provide satisfactory documentation of citizenship or qualified alien status as required by the Federal Deficit Reduction Act of 2005 or any other applicable federal law or regulation.

Beginning October 1, 2007, the AHCCCS administration must submit a quarterly report to the Governor and the Legislature containing the following information:

- Number of individuals the AHCCCS administration verified eligibility using the Systematic Alien Verification for Entitlements (SAVE) program.
- Number and type of fraudulent documents discovered using the SAVE program.
- Number of United States citizens and non-citizens referred by the AHCCCS Administration for prosecution for violations of state or federal law.

The Department of Economic Security must submit a report to the Governor and the Legislature regarding eligibility verification measures and fraud prevention for individuals receiving cash assistance and AHCCCS benefits.

HB 2643 – Chapter 196 – physical therapist assistants

Allows physical therapist assistants with a minimum of 2,000 hours of direct experience to perform medical procedures when the supervising physical therapist is within 50 miles, on-call and available through telecommunications. Patients must be seen by the supervising physical therapist a minimum of every six visits or 14 days, whichever comes first.

Changes the membership of the Arizona Board of Physical Therapy by adding a physical therapist assistant and increasing the number of physical therapists serving on the Board from three to four.

HB 2719 – Chapter 212 – AHCCCS; nonhospital providers; claims

A licensed skilled nursing facility, assisted living home or community based Arizona long term care system provider that renders care to AHCCCS members, shall have any claims adjudicated by the program contractor within 30 calendar days after receipt by the program contractor for an authorized service. Any claim remaining unpaid within 30 calendar days accrues interest at the rate of 1% per month from the date the claim is received, prorated on a daily basis, and must be paid by the program contractor at the time the claim is paid.

HB 2765 – Chapter 213 – optometrists; practice designations

States that to be eligible to practice optometry one must practice as: a sole practitioner; a partner with other licensees; an employee of a licensee; or an independent contractor.

Allows an individual or a group of health care professionals to form a professional limited liability company or professional corporation to practice optometry as long as the health professionals, as a group, own at least a 51% majority of the company or corporation and the name, including a trade name, is registered with the Board of Optometry.

SB 1079 – Chapter 77 – dental board; omnibus

Amends the statutes that regulate the Arizona Board of Dentistry (Board) as follows:

- Requires licensees and certificate holders to provide the Board with written confirmation of a primary mailing address as well as the address for each place of practice. Within 10 days, requires written notice of any changes.
- Mandates the licensee or certificate holder allow authorized Board personnel access to the place of practice for inspection as part of an investigation. Defines *place of practice* and classifies failure to allow inspections as *unprofessional conduct*.
- Lists failure to comply with a Board subpoena in a timely manner as *unprofessional conduct* and allows the Board to assess a \$500 civil penalty.
- Allows the Board to adopt rules for license renewal fees for disabled or retired licensees.
- Requires a dentist who supervises a hygienist whose duties include using emerging scientific technology to be at least as trained in that technology as the hygienist.

SB 1080 – Chapter 29 – board of psychologist examiners; omnibus

Requires the Board of Psychologist Examiners (Board) to adopt by rule a code of ethics based on the American Psychological Association code of ethics.

- Requires the Board to apply the code to all enforcement policies, disciplinary evaluations and the development of licensing examinations. Violating an ethical standard adopted by the Board will be deemed an act of *unprofessional conduct*. Fraud, misrepresentation or deception to obtain a license or pass an examination will also be considered *unprofessional conduct*.
- Permits the Board to issue a license to an applicant who has committed an act or engaged in conduct that would constitute *unprofessional conduct* in Arizona or another jurisdiction, if the Board determines the applicant's conduct has been corrected, monitored or resolved. Further, requires the Board, before issuing a license if the applicant's conduct has not been resolved, to determine that mitigating circumstances exist that prevent resolution.
- Allows the Board to approve an applicant to take the national examination before the applicant meets the experience required for licensure and allows applicants for licensure who do not have the required internship experience to qualify for licensure by demonstrating 20 years of licensed or certified practice as a psychologist in the United States or Canada. Charter school psychologists are added to the list of school psychologists who are exempt from licensure.
- Removes the requirement that Board members who are faculty members at universities be from state universities, but requires them to be from universities with doctoral programs in psychology that meet the same criteria identified in statute for licensee doctoral programs.
- Eliminates the requirement that the publishing of the Board's directory of Board member and licensee information be on a biennial basis; requires the directory to be published on the Board's website. Restricts the information that may be contained on customized computer disks sold by the Board to information that is not required by law to remain confidential.

SB 1081 – Chapter 150 – behavioral health; licensure; exemption

Exempts a Christian Science practitioner from licensure as a behavioral health professional if the person is not providing psychotherapy, the activities performed are within the normal duties of a Christian Science practitioner and the person remains accountable to the Church of Christ, Scientist. Further, exempts a person who is not providing psychotherapy from licensure as a behavioral health professional.

SB 1082 – Chapter 47 – AHCCCS; member's estate; notification requirements

Requires that within three months of the member's death, an AHCCCS member's personal representative must notify the administration of the member's estate or property if the member was at least 55 years of age and AHCCCS has not already filed a claim in the estate proceedings.

SB 1083 – Chapter 48 – AHCCCS; liens; notification requirements

Requires an AHCCCS member or the member's legal representative, including Arizona Long Term Care System members, to provide written notice to the AHCCCS administration within 20 days of the commencement of a civil action or other proceedings in order to establish the liability of a third party or to collect payment from specified insurance coverage or any other source.

SB 1084 – Chapter 78 – Arizona medical board; omnibus

- Adds performing office-based surgery using any form of sedation in violation of the Arizona Medical Board's (AMB) rules to the definition of *unprofessional conduct*.

- Allows AMB to prescribe licensed doctors' continuing education requirements as a nondisciplinary tool. Requires doctors to pay all fees associated with medical competency examinations.
- Limits the actions of the executive director that may be appealed to the entire AMB to the review and dismissal of complaints, the referral of cases to a formal hearing or interview, the closing of certain resolved cases, the issuing of advisory letters, the act of entering into consent agreements and the granting of certain license related requests.

SB1102 – Chapter 49 – Arizona medical board; pending complaints

Prohibits the Arizona Medical Board from posting information about pending complaints against physicians on its website or in writing.

SB 1104 – Chapter 40 – urgent care centers

Excludes from the definition of a *freestanding Urgent Care Center*, a physician's office that offers extended hours or same day appointments to new and existing patients, unless the office is open 24 hours a day, gives the impression that it provides medical care for urgent, immediate or emergency conditions and routinely provides ongoing medical services to an individual patient for more than eight consecutive hours. Defines *physician* as a licensed allopathic or osteopathic physician.

SB 1137 – Chapter 307 – *AHCCCS; PACE program

Requires the Arizona Health Care Cost Containment System (AHCCCS) to set up a Comprehensive Care for the Elderly Program (CCEP). Terminates the CCEP program on July 1, 2016.

- Defines a CCEP as a provider directed program of comprehensive care for the elderly that directly delivers comprehensive medical and social services to the eligible members.
- Adds to the Arizona Long Term Care System (ALTCS) definition of *eligible participant* by additionally requiring participants for PACE.
- Establishes CCEP to provide managed care benefits to the frail elderly. Stipulates that a CCEP organization provide a comprehensive medical and social delivery system using an interdisciplinary team approach in an adult day health center.
- In addition to meeting the eligibility requirements for ALTCS, the bill stipulates that in order to be eligible for CCEP a person must:
 - ⇒ Reside in a CCEP organization's service area.
 - ⇒ Agree to receive covered services through the CCEP organization.
 - ⇒ Be able at the time of enrollment to live in a community setting without jeopardizing the person's health or safety.
- Prohibits the CCEP from discriminating against potential participants based on health.
- Stipulates that a CCEP organization provide payment or reimbursement for services provided under referral from the interdisciplinary team that conducts case management unless it is an emergency service.
- Requires AHCCCS to make a prospective monthly payment to a CCEP organization of a capitation rate for each Medicaid participant.
- Requires AHCCCS to report on an annual basis its efforts to support the development and implementation of the CCEP.
- Stipulates copies of the report be submitted to the Governor and the Legislature.

SB 1154 – Chapter 293 – *chiropractic care; medical necessity review

Allows health care insurers to use a licensed chiropractor to review any direct denial of prior authorization of a chiropractic service on the basis of medical necessity.

SB 1193 – Chapter 360 – appropriation; trauma services

Appropriates \$2,000,000 from the Medically Needy Account of the Tobacco Tax and Health Care Fund in FY 2006-07 to Department of Health Services, for distribution of the entire amount to the primary trauma center in southern Arizona.

SB 1195 – Chapter 159 [E] – state hospital; capacity

Makes permanent the conditions on capacities and admission to the Arizona State Hospital and the requirement that the Hospital collect census data for various treatment programs to establish the maximum capacity for each program.

- Requires the Deputy Director to request and consider the recommendations of representatives from the county board of supervisors, the prosecuting attorney's advisory council and the superior court when establishing the formula for forensic and civil bed allocations.
- Requires the Deputy Director to provide the funded capacity and allocation formula to the representatives from the county board of supervisors, the prosecuting attorneys' advisory council and the superior court 30 days before the notification of the formula for forensic and civil bed allocations.
- Requires the Deputy Director, the county board of supervisors, the superior court and the prosecuting attorneys' advisory council to develop a contingency plan for the placement of patients on wait lists or in other unforeseen circumstances.

SB 1211 – Chapter 218 – *project review; coordination; cooperation

Allows agencies to cooperate in the review of project financing in the following manner:

- An agency may adopt in whole or in part substantially similar review work performed on project financing by another agency also charged with review of the project financing.
- One or more agencies may enter into an intergovernmental agreement for the purpose of consolidating all or part of their review activities of the project financing.
- Allows an agency to schedule its review of project financing in a manner that minimizes the overall review time of the project financing by all agencies and stipulates that an agency that adopts, in whole or in part, review work performed on the project financing by another agency is deemed for all purposes to have complied with its review responsibilities as if the review work had been performed by the agency itself.
- Defines *agency* to mean an industrial development authority established pursuant to this chapter, the Arizona Department of Housing and any other Arizona state agency charged with review of the project financing for a nonprofit nursing home, nonprofit rest home, nonprofit skilled nursing facility or nonprofit life care facility.
- Changes to session law under this bill are repealed as of December 31, 2009.

SB 1299 – Chapter 365 – long-term care; county adjustments

Modifies the Arizona Long Term Care System funding formula (ALTCS). The total amount received from all counties under the funding formula will be divided by the total state population. Each

county's contribution will then be capped at the average per capita amount multiplied by the county's total population. The shortfall will be made up by an appropriation from the General Fund. FY 2006-07 appropriation is \$9,253,800.

SB 1335 – Chapter 366 [E] – kidney programs; appropriations

Appropriates \$50,000 to Department of Health Services (DHS) in FY 2005-06 for the Nonrenal Disease Management Program, \$100,000 to DHS in FY 2006-07 for the Nonrenal Disease Management Program and \$200,000 to DHS in FY 2006-07 for the Renal Disease Management Program. Exempts the funds from lapsing through June 30, 2008. Contains an emergency clause.

SB 1354 – Chapter 166 – emergency medical services; investigations

Designates information, documents and records relevant to an investigation of an Emergency Medical Technician (EMT) as confidential and not subject to public inspection or civil discovery while allowing the results of the investigation and the decision of Department of Health Services (DHS) to be available to the public after the investigation is completed. Allows the Director of Emergency Medical Services to extend the expiration date of an EMT's certificate for 30 days and allows DHS to establish a fee for this extension.

SB 1355 – Chapter 367 – appropriation; autism research

Appropriates \$7.1 million, exempt from lapsing through June 30, 2008, from the General Fund to DHS for distribution to an Arizona nonprofit medical research foundation that specializes in biotechnology and collaborates with universities, hospitals, research centers and other biotechnology businesses in the state. Mandates that the funds be spent only for autism research.

SB 1379 – Chapter 390 – speech-language pathologists; assistants; licensing

Restricts the type of board issued certificate required for licensure of speech-language pathologists (SLP) to a standard certificate and prohibits a person from practicing as a speech-language assistant without an active license in good standing.

- Requires the director to waive licensure requirements until September 1, 2007, for any SLP assistant who meets certain criteria.
- Establishes the following requirements for licensure as an SLP assistant:
 - ⇒ Payment of a nonrefundable application fee.
 - ⇒ Written evidence of completion of an approved training program from a nationally or regionally accredited college or university consisting of 60 credit hours of specified education and coursework and a minimum of 100 hours of clinical interaction.
- Lists the tasks that an assistant SLP may perform under the supervision of an SLP, the tasks an assistant SLP is prohibited from performing and the requirements an SLP must meet before being qualified to supervise an assistant.
- Requires all services performed by an SLP assistant to be done under the direction and supervision of a licensed and qualified SLP.

SB 1442 – Chapter 373 – AHCCCS; temporary medical coverage program

Appropriates \$6.5 million in FY 2006-07 to AHCCCS to create a program to insure any uninsured person who is an Arizona resident and United States citizen, who submits an application, has been eligible for AHCCCS or ALTCS services and enrolled in AHCCCS at any time within 24 months before applying for the Program, is receiving federal disability insurance benefit payments, is ineligible for Medicare and who is not receiving Healthcare Group services.

- Allows the AHCCCS administration director to adopt rules to implement the Program and to prescribe the application process, actuarially sound capitation rates and premium collection.
- Prohibits premiums from exceeding the capitation rate paid to Program contractors for the enrollee and requires the premiums to be tiered, based on gross household income at specified intervals of the federal poverty guidelines.
- Requires plans to provide the same medically necessary services provided to AHCCCS enrollees, unless otherwise required by the AHCCCS Administration.
- Mandates that a member of the Program must notify the AHCCCS administration if the member becomes eligible for Medicare, thus ineligible for the Program.
- If the director determines available monies are insufficient to fund the Program, allows the director to stop processing applications until funding is sufficient.
- Sunsets the Program on July 1, 2016.